

# **Exhibit A**



140 Broadway 46th Floor  
New York, NY 10005  
212-991-8268

## InsurZoom.com Brokerage Inc.

Bill To:

Turkish Airlines Inc.  
350 Fifth Avenue, Suite 7510  
New York, NY 10118

Group: 32159

### Monthly Billing invoice

Invoice Number: TA1020  
Month: October 2020

Billing Date: 9/21/2020  
Payment Due: 9/30/2020

#### Description

#### Amount

Cigna - Medical - Platinum Plan	\$ 273,307.96
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Previous Month's Outstanding Balance	\$ -
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<b>Grand Total</b>	<b>\$ 273,307.96</b>
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Effective on January 1, 2020, a 1% fee will be assessed to the balance of any outstanding invoice amount that is not received by the due date, 1st of every month. Please note, the plan has a 30-day grace period. If the premium has not been received by the end of the month of the due date, your cancellation will take effect on the last day of the month premium was fully paid.

### Payment Option:

#### Wire Instructions

Bank: Bank of America  
Routing Number: [REDACTED]  
Account Number: [REDACTED]  
Account Name: Insurzoom.com Brokerage Inc.

Cigna			
Medical Platinum Plan			
Election	Rate	Quantity	Total
EE	\$ 899.00	59	\$ 53,041.00
EE & S	\$ 1,210.00	32	\$ 38,720.00
EE & Child(ren)	\$ 1,123.00	16	\$ 17,968.00
Full Family	\$ 1,514.62	108	\$ 163,578.96
Adjustments*			\$ -
<b>Cigna Total</b>		<b>215</b>	<b>\$ 273,307.96</b>



## InsurZoom.com Brokerage Inc.

Employees by state				
	San Francisco	Miami / FL	Georgia	Chicago / Ill
EE	7	2	3	6
EE & S	2	3	3	2
EE & Child(ren)	1	1	1	5
Full Family	7	9	8	12
	17	15	15	25
	Boston / MA	Virginia	NY / NJ	Los Angeles
EE	4	6	18	10
EE & S	3	3	13	1
EE & Child(ren)	0	0	3	2
Full Family	8	9	32	11
	15	18	66	24
	Houston / TX			
EE	3			
EE & S	2			
EE & Child(ren)	3			
Full Family	12			
	20			



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Turkish Airlines Inc.  
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### Monthly Billing invoice

Invoice Number: TA1020  
Month: October  
Billing Date: 9/21/2020  
Payment Due: 9/30/2020

#### Description

#### Amount

Guardian - Dental	\$ 20,993.43
VSP - Vision	\$ 2,932.39
Previous Month's Outstanding Balance	\$ -

**Grand Total**

**\$ 23,925.82**

Effective on January 1, 2020, a 1% fee will be assessed to the balance of any outstanding invoice amount that is not received by the due date, 1st of every month. Please note, the plan has a 30-day grace period. If the premium has not been received by the end of the month of the due date, your cancellation will take effect on the last day of the month premium was fully paid.



Guardian Dental				VSP - Vision VSP			
PPO - Dental Guard Preferred				Choice Network			
Election	Rate	Quantity	Total	Election	Rate	Quantity	Total
EE	\$ 38.75	60	\$ 2,325.00	EE	\$ 6.82	58	\$ 395.56
EE & S	\$ 78.66	34	\$ 2,674.44	EE & S	\$ 11.48	34	\$ 390.32
EE & Child(ren)	\$ 89.93	14	\$ 1,259.02	EE & Child(ren)	\$ 11.70	14	\$ 163.80
Full Family	\$ 137.71	107	\$ 14,734.97	Full Family	\$ 18.53	107	\$ 1,982.71
Adjustments*			\$ -	Adjustments*			\$ -
<b>Guardian Total</b>		<b>215</b>	<b>\$ 20,993.43</b>	<b>VSP Total</b>		<b>213</b>	<b>\$ 2,932.39</b>

Payment Option:

#### Wire Instructions

Bank: Bank of America

Routing Number: [REDACTED]

Account Number: [REDACTED]

Account Name: Insurzoom.com Brokerage Inc.

# Insurzoom.com Brokerage Inc.



## Dental

Employees by state				
	San Francisco	Miami / FL	Georgia	Chicago / ILL
EE	7	2	3	7
EE & S	2	3	3	2
EE & Child(ren)	1	1	1	5
Full Family	7	9	8	11
	17	15	15	25
	Boston / MA	Virginia	NY / NJ	Los Angeles
EE	4	6	18	10
EE & S	3	3	15	1
EE & Child(ren)*	0	0	2	2
Full Family	8	9	31	11
	15	18	66	24
	Houston / TX			
EE	3			
EE & S	2			
EE & Child(ren)	2			
Full Family	13			
	20			



## Vision

Employees by state				
	San Francisco	Miami / FL	Georgia	Chicago / ILL
EE	7	1	3	6
EE & S	2	3	3	2
EE & Child(ren)	1	1	1	4
Full Family	7	9	8	12
	17	14	15	24
	Boston / MA	Virginia	NY / NJ	Los Angeles
EE	4	6	18	10
EE & S	3	3	15	1
EE & Child(ren)*	0	0	2	2
Full Family	8	9	31	11
	15	18	66	24
	Houston / TX			
EE	3			
EE & S	2			
EE & Child(ren)	3			
Full Family	12			
	20			

**ACK Mesajı**

Kullanıcı :EVENTHNDLR  
 Doküman Tarihi :20200928103904

Mesaj Tarihi :28.09.2020 10:38:59  
 Mesaj Tipi / Türü :I / 103  
 Mesaj Referansı :S014263020032089  
 Gönderen Banka :TVBATR2AFEX  
 TURKIYE VAKIFLAR BANKASI T.A.O. - (TREASURY DEPARTMENT) -  
 ANKARA - TURKEY

Alıcı Banka :CITIUS33XXX  
 CITIBANK N.A. - - NEW YORK,NY - UNITED STATES

Oturum Numarası :9992  
 Mesaj Numarası :880463  
 UETR :2e3e12f8-8d12-4bfa-9a18-bbdfcb38fb9e

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:20: Sender's Reference  
 S014263020032089

:23B: Bank Operation Code  
 CRED

:32A: Value Date/ Currency/Interbank Settled Amount  
 200928  
 USD  
 300.093,82

:33B: Currency/Instructed Amount  
 USD  
 300.093,82

:50F: Ordering Customer-Name & Address  
 [REDACTED]  
 1/TURK HAVA YOLLARI AO  
 2/YESILKOY MAH. HAVAALANI CADDESİ N  
 3/TR/ISTANBUL 34149  
 [REDACTED]

:53A: Sender's Correspondent  
 /36153156  
 TVBATR2AFEX  
 TURKIYE VAKIFLAR BANKASI T.A.O. - (TREASURY DEPARTMENT) -  
 ANKARA - TURKEY

:57A: Account With Institution  
 BOFAUS3NXXX  
 BANK OF AMERICA, N.A. - - NEW YORK,NY - UNITED STATES

:59: Beneficiary Customer  
 / [REDACTED]

INSURZOOM.COM BROKERAGE INC.  
140 BROADWAY 46TH FLOOR NEW YORK

:70: Remittance Information

TURKISH AIRLINES MEDICAL DENTAL INV  
OICE FOR OCT INSURANCE OCT 23092020

:71A: Details Of Charges

OUR

:72: Sender To Receiver Information

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